

**SUMMER CONFERENCE 2004
AUGUST 4th - 8th
Bachelor Gulch, Colorado**

REGISTRATION

Full Name _____

Nickname or Preferred Name
for nametag _____

Street _____

City _____

State _____ Zip Code _____

Guest(s) _____

Phone Numbers:

Office _____ Home _____

Fax: _____

REGISTRATION FEE:

Member of College of Diplomates \$495 _____

Spouse/Adult Guest of College Member \$250 _____

Diplomate Non-Member of the College of Diplomates
(includes \$50 annual dues) \$550 _____

Spouse/Adult Guest of Diplomate Non-member of the College

\$250 _____

Children of Registrant \$0.00 x _____

Resident/Student/Full-time Ministry/Retired Diplomate
\$350 _____

TOTAL REGISTRATION \$ _____

Mail this form and a check for the full amount of the Total Registration (payable to the College of Diplomates) in the enclosed envelope to:

Susan Hawkinson, Administrative Secretary
College of Diplomates
P.O. Box 2673

Glen Ellyn, Il. 60138-2673

Should you have any questions contact:

Dr. Fredric Goodman

Phone: 212/249-5809

Cancellations must be in writing and received by June 23rd, 2004.

CUT OFF DATE FOR HOTEL RESERVATIONS IS JUNE 18, 2004